

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

WE CARRY ON THE HEALING MISSION OF JESUS CHRIST BY PROMOTING PERSONAL AND COMMUNITY HEALTH, RELIEVING PAIN AND SUFFERING, AND TREATING EACH PERSON IN A LOVING AND CARING WAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,914,021,122 including grants of \$ 1,301,150) (Revenue \$ 2,413,380,316)
See Additional Data


























4b (Code:) (Expenses \$ 528,578,574 including grants of \$) (Revenue \$ 365,411,067)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 2,442,599,696

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,301
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Form **990** (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **AK, OR, WA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JEFF SEIRER 1115 SE 164TH AVENUE VANCOUVER, WA 98683 (360) 729-1000

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	20,609,828	0	2,024,865

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2,186

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NURSEFINDERS LLC, 524 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	HEALTHCARE STAFFING	27,804,976
QUEST DIAGNOSTICS, 1737 AIRPORT WAY SUITE 200 SEATTLE, WA 98134	LABORATORY SERVICES	27,194,040
TRIMEDX HOLDINGS LLC, 5451 LAKEVIEW PKWY S DRIVE INDIANAPOLIS, IN 46268	CLINICAL ENGINEERING	8,173,948
STAFF CARE INC, 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	HEALTHCARE STAFFING	6,619,007
THOMAS CUISINE MANAGEMENT, 700 E FRANKLIN RD MERIDIAN, ID 83642	FOOD & NUTRITION SVC	6,378,706

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 206

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c				
d	Related organizations	1d	5,445,390			
e	Government grants (contributions)	1e	2,576,147			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,886,703			
g	Noncash contributions included in lines 1a - 1f: \$ _____					
h Total.	Add lines 1a-1f ▶		10,908,240			

Program Service Revenue

		Business Code				
2a	Patient Service Revenue	621110	2,730,439,114	2,730,439,114		
b	Other Operating Revenue	621110	49,177,117	48,352,269	824,848	
c	_____					
d	_____					
e	_____					
f	All other program service revenue.					
9 Total.	Add lines 2a-2f ▶		2,779,616,231			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		44,299,829		624,304	43,675,525
4	Income from investment of tax-exempt bond proceeds ▶		731,808			731,808
5	Royalties ▶		0			0
6a	Gross rents	(i) Real	(ii) Personal			
		10,100,000				
b	Less: rental expenses	7,575,000				
c	Rental income or (loss)	2,525,000	0			
d	Net rental income or (loss) ▶		2,525,000			2,525,000
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		2,202,986,765	15,375			
b	Less: cost or other basis and sales expenses	2,178,105,645	-1,698,384			
c	Gain or (loss)	24,881,120	1,713,759			
d	Net gain or (loss) ▶		26,594,879			26,594,879
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0			
b	Less: direct expenses b		0			
c	Net income or (loss) from fundraising events ▶		0			
9a	Gross income from gaming activities. See Part IV, line 19 a		0			
b	Less: direct expenses b		0			
c	Net income or (loss) from gaming activities ▶		0			
10a	Gross sales of inventory, less returns and allowances a		0			
b	Less: cost of goods sold b		0			
c	Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
11a	Cafeteria Income	900099	4,765,963			4,765,963
b	_____					
c	_____					
d	All other revenue					
e Total.	Add lines 11a-11d ▶		4,765,963			
12 Total revenue.	See Instructions. ▶		2,869,441,950	2,778,791,383	1,449,152	78,293,175

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	974,231	974,231		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,405	6,405		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	320,514	320,514		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	20,609,826	18,041,978	2,567,848	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7 Other salaries and wages	1,309,754,666	1,144,513,762	162,894,373	2,346,531
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	77,070,112	67,343,239	9,584,712	142,161
9 Other employee benefits	105,546,369	92,113,142	13,110,119	323,108
10 Payroll taxes	91,771,890	80,190,518	11,413,218	168,154
11 Fees for services (non-employees):				
a Management	14,665,404	12,831,977	1,826,327	7,100
b Legal	2,001,602	1,752,216	249,386	
c Accounting	580,208	410,229	58,386	111,593
d Lobbying	345,783	302,701	43,082	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0	0	0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	253,262,488	221,217,636	31,485,080	559,772
12 Advertising and promotion	4,406,522	3,819,065	543,553	43,904
13 Office expenses	4,694,057	4,093,913	582,672	17,472
14 Information technology	28,834,152	25,167,541	3,582,003	84,608
15 Royalties	0			
16 Occupancy	51,178,009	44,801,569	6,376,440	
17 Travel	6,697,248	5,791,564	824,291	81,393
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,780,618	3,296,336	469,155	15,127
20 Interest	35,509,163	31,084,957	4,424,206	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	133,623,697	116,966,436	16,647,396	9,865
23 Insurance	23,571,524	20,634,669	2,936,855	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Med Supplies & Services	401,256,323	351,262,332	49,993,857	134
b Other Tax	100,918,315	88,344,563	12,573,752	
c BAD DEBTS	45,829,877	40,119,779	5,710,098	
d INTEREST RATE SWAPS	40,346,234	35,319,361	5,026,873	
e All other expenses	36,733,006	31,879,063	4,537,229	316,714
25 Total functional expenses. Add lines 1 through 24e	2,794,288,243	2,442,599,696	347,460,911	4,227,636
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		47,863,839	1	34,517,265	
	2	Savings and temporary cash investments		873,231,567	2	845,437,274	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		382,013,322	4	491,788,164	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		8,345,695	7	8,345,695	
	8	Inventories for sale or use		43,157,368	8	43,551,437	
	9	Prepaid expenses and deferred charges		27,024,390	9	30,039,008	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,980,731,545			
	b	Less: accumulated depreciation	10b	1,727,794,937	1,219,902,994	10c	1,252,936,608
	11	Investments—publicly traded securities		1,114,176,994	11	1,236,292,643	
	12	Investments—other securities. See Part IV, line 11		71,382,560	12	84,518,377	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		33,656,210	14	33,263,075	
	15	Other assets. See Part IV, line 11		100,958,668	15	95,189,001	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,921,713,607	16	4,155,878,547		
Liabilities	17	Accounts payable and accrued expenses		300,020,651	17	326,308,716	
	18	Grants payable		0	18	0	
	19	Deferred revenue		2,059,363	19	1,422,636	
	20	Tax-exempt bond liabilities		842,105,729	20	973,541,663	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		396,302,797	25	369,733,414	
	26	Total liabilities. Add lines 17 through 25		1,540,488,540	26	1,671,006,429	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,284,383,967	27	2,394,648,852	
	28	Temporarily restricted net assets		71,809,448	28	66,859,083	
	29	Permanently restricted net assets		25,031,652	29	23,364,183	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		2,381,225,067	33	2,484,872,118		
34	Total liabilities and net assets/fund balances		3,921,713,607	34	4,155,878,547		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,869,441,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,794,288,243
3	Revenue less expenses. Subtract line 2 from line 1	3	75,153,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,381,225,067
5	Net unrealized gains (losses) on investments	5	36,603,769
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,110,425
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,484,872,118

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Form 990 (2018)

Form 990, Part III, Line 4a:

HOSPITALS: FOUNDED BY THE SISTERS OF ST. JOSEPH OF PEACE, PEACEHEALTH HAS PROVIDED EXCEPTIONAL MEDICINE AND COMPASSIONATE CARE TO NORTHWEST COMMUNITIES FOR MORE THAN A CENTURY. PEACEHEALTH IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM WITH HOSPITALS LOCATED IN ALASKA, WASHINGTON AND OREGON. RURAL COMMUNITIES RELY ON THEIR HOSPITALS AS CRITICAL COMPONENTS OF THE COMMUNITIES' ECONOMIC AND SOCIAL FABRIC. THESE HOSPITALS ARE TYPICALLY THE LARGEST OR SECOND LARGEST EMPLOYER IN THE COMMUNITY, AND OFTEN STAND ALONE IN THEIR ABILITY TO OFFER HIGHLY-SKILLED JOBS. (COMMENTARY CONTINUED ON SCHEDULE O.)

Form 990, Part III, Line 4b:

CLINICS AND MEDICAL GROUPS: IN ADDITION TO PROVIDING ACUTE CARE THROUGH A NETWORK OF HOSPITALS SUMMARIZED ON LINE 4A, THE PEACEHEALTH HEALTH CARE SYSTEM ALSO INCLUDES CLINICS AND MEDICAL GROUPS LOCATED IN ALASKA, WASHINGTON AND OREGON.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karl Carrier Chairman, Treasurer	40.0 4.0	X		X				0	0	0
Sr Andrea Nenzel CSJP Vice Chair	40.0 4.0	X		X				0	0	0
Sr Kathleen Pruitt CSJP Vice President	40.0 2.0	X		X				0	0	0
Sr Charlotte Davenport CSJP Vice President	40.0 2.0	X		X				0	0	0
Kevin Murphy Secretary	40.0 2.0	X		X				0	0	0
Tim Ackman Director	10.0 2.0	X						0	0	0
Dan Hollingshead Director	10.0 2.0	X						0	0	0
Lee Kearney Director	10.0 2.0	X						0	0	0
Todd Strumwasser MD Director	10.0 2.0	X						0	0	0
Rick Wollenberg Director	10.0 2.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth V Dunne President & CEO	40.0 2.0			X				1,946,076	0	271,757
Craig Armstrong Assistant Secretary	40.0 2.0			X				262,877	0	53,265
Ron L Saxton Executive VP/Asst Secretary	40.0 0.0			X				830,287	0	155,483
Carol Aaron Executive VP	40.0 0.0				X			1,101,820	0	46,253
Richard DeCarlo Executive VP	40.0 2.0				X			1,169,866	0	30,563
Michael P Dwyer Executive VP	40.0 2.0				X			720,587	0	133,899
Steven Glenn Executive VP	40.0 0.0				X			483,627	0	35,578
Kimberly A Hodgkinson Executive VP	40.0 2.0				X			889,660	0	160,687
Susan Bruechner Senior VP	40.0 0.0				X			542,327	0	46,134
Mark B Hallet Senior VP	40.0 0.0				X			467,577	0	11,821

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dianna L Kielian Senior VP	40.0 0.0				X			503,829	0	18,514
Victoria L King Senior VP	40.0 0.0				X			577,563	0	151,849
William R Weider Senior VP	40.0 0.0				X			431,966	0	17,464
Sean Gregory Chief Executive Columbia	40.0 4.0				X			847,130	0	30,395
Mary E Kingston Chief Executive Oregon	40.0 2.0				X			387,345	0	9,291
Michael C Metcalf Chief Executive PHMG	40.0 2.0				X			643,652	0	106,829
Rand J O'Leary Chief Executive Oregon	40.0 0.0				X			894,375	0	151,526
Dale J Zender Chief Executive Northwest	40.0 2.0				X			645,728	0	170,584
Allen Gabriel MD MD Surgery - Plastics/Reconstr	40.0 0.0					X		1,512,398	0	98,991
Yamac Gungor MD MD Cardiology	40.0 0.0					X		1,078,171	0	51,201

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wen-Huan S Ho MD MD Gastroenterology	40.0 0.0					X		1,181,965	0	87,122
Stephen A Malone MD MD Cardiology	40.0 0.0					X		1,016,380	0	90,465
David Saenger MD MD Cardiology	40.0 0.0					X		1,086,010	0	93,416
Beth O'Brien Former Chief Operating Officer	0.0 0.0						X	289,200	0	0
Dan A Hein Former Senior VP	0.0 0.0						X	459,108	0	0
Renato V Baciarelli Former Senior VP	0.0 0.0						X	640,304	0	1,778

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PEACEHEALTH

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

91-0939479

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2017 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization PEACEHEALTH	Employer identification number 91-0939479
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		797,828
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,000
j	Total. Add lines 1c through 1i			802,828
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1B:	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES THROUGH EMPLOYEES DIRECTLY CONTACTING LEGISLATORS, THEIR STAFFS, OR GOVERNMENT OFFICIALS TO ADVOCATE IN SUPPORT OF OR OPPOSITION TO PENDING MEASURES THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES.
PART II-B, LINE 1G:	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES THROUGH EMPLOYEES, PAID OUTSIDE CONSULTING FIRMS, AND MEMBERSHIP DUES PAID TO STATE AND NATIONAL ASSOCIATIONS. THESE INDIVIDUALS AND ENTITIES DIRECTLY CONTACT LEGISLATORS, THEIR STAFFS, OR GOVERNMENT OFFICIALS TO ADVOCATE IN SUPPORT OF OR OPPOSITION TO PENDING MEASURES THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES.
PART II-B, LINE 1I:	PEACEHEALTH ENGAGES IN LOBBYING ACTIVITIES BY MAKING CONTRIBUTIONS TO LOCAL AND STATE BALLOT MEASURE CAMPAIGN COMMITTEES, IN CAMPAIGNS THAT IMPACT PEACEHEALTH HEALTHCARE OPERATIONS AND THE HEALTH AND WELL-BEING OF THE COMMUNITIES PEACEHEALTH SERVES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	40,596,095	41,485,058	37,043,493	34,416,309	32,158,276
b	Contributions	1,162,077	1,057,545	126,052	3,277,289	1,882,561
c	Net investment earnings, gains, and losses	1,202,504	2,691,393	4,621,855	-377,148	1,037,344
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,622,761	4,637,901	306,342	272,957	
f	Administrative expenses					
g	End of year balance	41,337,915	40,596,095	41,485,058	37,043,493	35,078,181

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 16.823 %

b

Permanent endowment ▶ 58.576 %

c

Temporarily restricted endowment ▶ 24.601 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	115,568,746		115,568,746
b	Buildings	1,476,522,775	864,277,391	612,245,384
c	Leasehold improvements	82,492,020	56,148,249	26,343,771
d	Equipment	1,144,132,836	807,369,297	336,763,539
e	Other	162,015,168		162,015,168
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			1,252,936,608

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OBLIGATIONS UNDER CAPITAL LEASES	19,547,025
INTEREST RATE SWAPS	123,499,796
ACCRUED PENSION LIABILITY	113,024,710
SELF-INSURANCE LIABILITY	73,596,255
BONDS & NOTES PAYABLE	19,396,290
CONDITIONAL ARO LIABILITY	20,198,061
OTHER LIABILITIES	471,277
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	369,733,414

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE REPORTED ENDOWMENT FUNDS BELONG TO THE PEACEHEALTH FOUNDATIONS. THE PEACEHEALTH FOUNDATIONS ARE SEPARATELY INCORPORATED AND EACH FOUNDATION FILES A SEPARATE FORM 990. REFER TO THE SCHEDULE R, PART II FOR A LISTING OF THESE RELATED FOUNDATIONS. THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR: 1) THE PURCHASE OF PROPERTY, PLANT, AND EQUIPMENT 2) SUPPORT FOR HOSPICE AND INDIGENT CARE 3) PATIENT CARE AND OTHER OPERATING ACTIVITIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES , (R) FEDERAL AND STATE INCOME TAXES: THE CORPORATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT EXCEEDS A 50 PERCENT PROBABILITY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN ESTIMATE OCCURS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
91-0939479

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	1	PROGRAM SERVICES	HEALTHCARE	320,514
3a Sub-total	1	1			320,514
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			320,514

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and the Caribbean	PROGRAM SERVICES	320,514	BANK WIRE	0		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	PEACEHEALTH OPERATES A MEDICAL MISSION PROGRAM IN EL SALVADOR. THIS MISSION USES PEACEHEALTH MEDICAL PROFESSIONALS TO RENDER HEALTHCARE ASSISTANCE TO PEOPLE WITH LIMITED FINANCIAL RESOURCES. THESE ACTIVITIES ARE IN THE PEACEHEALTH BUDGET AND ARE INCLUDED IN THE OPERATING RESULTS OF PEACEHEALTH THE SAME AS OTHER PEACEHEALTH OPERATIONS. THE MISSION PROGRAM IS SUBJECT TO THE SAME MANAGEMENT CONTROL AND OVERSIGHT AS THE ORGANIZATION'S DOMESTIC PROGRAMS.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			62,873,290		62,873,290	2.250 %
b Medicaid (from Worksheet 3, column a)			648,489,176	443,397,142	205,092,034	7.340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			711,362,466	443,397,142	267,965,324	9.590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,431,089	341,642	1,089,447	0.040 %
f Health professions education (from Worksheet 5)			5,094,767	1,045,603	4,049,164	0.150 %
g Subsidized health services (from Worksheet 6)			6,866,212	3,953,886	2,912,326	0.100 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,632,258	97	2,632,161	0.090 %
j Total. Other Benefits			16,024,326	5,341,228	10,683,098	0.380 %
k Total. Add lines 7d and 7j			727,386,792	448,738,370	278,648,422	9.970 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0	0	0 %
2 Economic development			0	0	0	0 %
3 Community support			1,195,473	0	1,195,473	0.040 %
4 Environmental improvements			0	0	0	0 %
5 Leadership development and training for community members			0	0	0	0 %
6 Coalition building			0	0	0	0 %
7 Community health improvement advocacy			0	0	0	0 %
8 Workforce development			0	0	0	0 %
9 Other			4,009	0	4,009	0 %
10 Total			1,199,482	0	1,199,482	0.040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	45,829,877		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	20,598,255		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	604,230,337
6 Enter Medicare allowable costs of care relating to payments on line 5	6	684,712,412
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-80,482,075
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

10

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

10

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PEACEHEALTH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.PEACEHEALTH.ORG - IN THE CHNAS</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. % and FPG family income limit for eligibility for discounted care of 400. %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.PEACEHEALTH.ORG</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.PEACEHEALTH.ORG</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.PEACEHEALTH.ORG</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

Part V Facility Information (continued)**Billing and Collections**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	PEACEHEALTH USES THE FEDERAL POVERTY GUIDELINES (FPL) AS WELL AS THE FOLLOWING CRITERIA FOR DETERMINING THE AMOUNT OF FINANCIAL ASSISTANCE THAT WILL BE PROVIDED. EACH INDIVIDUAL SITUATION IS REVIEWED INDEPENDENTLY WITH ALLOWANCES MADE FOR EXTENUATING CIRCUMSTANCES. CONSIDERATION FOR FINANCIAL ASSISTANCE INCLUDES A REVIEW OF: * GROSS HOUSEHOLD INCOME * NUMBER OF PEOPLE IN THE HOME * OTHER INDICATORS OF ABILITY TO PAY * OTHER EXTENUATING CIRCUMSTANCES. EXAMPLES INCLUDE: THE REMAINING BALANCE TO BE PAID AFTER ALL REDUCTIONS, HOUSEHOLD INCOME, MEDICAL STATUS OF PATIENT/FAMILY, AND LEVEL/TYPE OF ASSETS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	<p>THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON PART I LINE 7 IS AS FOLLOWS: COST TO CHARGE RATIOS WERE CALCULATED BY TOTAL BUSINESS UNIT OPERATING EXPENSE DIVIDED BY TOTAL GROSS PATIENT REVENUE. THIS RATIO WAS THEN APPLIED TO THE PATIENT CHARGES BY FINANCIAL CLASS IN THE BUSINESS UNIT TO ESTIMATE COST BY FINANCIAL CLASS. THE COST BY FINANCIAL CLASS WAS THEN OFFSET BY REVENUE, INCLUDING ALLOCATIONS OF REVENUE OUTSIDE OF THE BILLING SYSTEM. THE REVENUE OUTSIDE OF THE BILLING SYSTEM CONSISTS OF PROVIDER TAXES, 3RD PARTY SETTLEMENTS, AND OTHER OFFSETTING REVENUE RECORDED IN THE GENERAL LEDGER. FOR CHARITY CARE, THE COST TO CHARGE RATIO WAS APPLIED TO ALL CHARITY CARE DEDUCTIONS. PART 1, LINE 7 THE REPORTED COMMUNITY BENEFIT AMOUNTS DO NOT CAPTURE CERTAIN ADDITIONAL COMMUNITY BENEFIT ACTIVITIES AND CONTRIBUTIONS MADE DIRECTLY BY THE PEACEHEALTH AFFILIATED, SEPARATELY INCORPORATED FOUNDATIONS. TO ENSURE THAT FUTURE REPORTING WILL ACCURATELY REFLECT THE SCOPE OF ALL PEACEHEALTH COORDINATED COMMUNITY BENEFIT ACTIVITIES WE ARE IN THE PROCESS OF REVISING OUR PROCEDURES AND COORDINATING ALL COMMUNITY BENEFIT TRACKING.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	<p>PEACEHEALTH'S COMMUNITY BUILDING ACTIVITIES ARE AIMED AT THE CAUSES OF HEALTH PROBLEMS, FREQUENTLY REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH IN A LOCAL COMMUNITY, SUCH AS POVERTY, HOMELESSNESS, AND CARE ACCESS. THESE ACTIVITIES PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY'S RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE PEACEHEALTH MEDICAL CENTERS. SOME EXAMPLES OF THESE ACTIVITIES INCLUDE: * THE ST. JOHN MEDICAL CENTER DEVELOPED A MEDICATION ASSISTED TREATMENT (MAT) PROGRAM THROUGH JOINT INVESTMENT AND GRANT FUNDS TO FORM A NETWORK OF PROVIDERS THROUGHOUT THE NORTHERN SOUND REGION WHO WILL SUPPORT OPIOID USE DISORDER AND SUBSTANCE ABUSE TREATMENT. * THE SACRED HEART MEDICAL CENTER AT RIVERBEND DEVELOPED AND FUNDED A CARE MANAGEMENT COORDINATOR AND SPACE TO SUPPORT MEDICAL RECUPERATION LIVING WITH MULTIPLE INTEGRATED SUPPORT SERVICES AND RESOURCES TO MINIMIZE BARRIERS AND INCREASE POPULATION ACCESS FOR PATIENTS LEAVING THE HOSPITAL. *THE SOUTHWEST WASHINGTON MEDICAL CENTER CLOSED THE FUNDING GAP FOR THE CONSTRUCTION OF THE PACIFIC APARTMENTS, AN 18 UNIT SUPPORTIVE HOUSING FACILITY FOR CHRONICALLY HOMELESS INDIVIDUALS EXPERIENCING MENTAL HEALTH AND OTHER DISABILITIES. IN ADDITION, PEACEHEALTH SOUTHWEST WASHINGTON ALSO FUNDED FOOD PROGRAMMING THROUGH THE HOUSING DIVERSION PROGRAM AT THE COUNCIL FOR THE HOMELESS TO PREVENT INDIVIDUALS FROM EXPERIENCING FOOD INSECURITY AS A PART OF THEIR JOURNEY TO STABILITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	REFER TO PART III, LINE 4 EXPLANATION FOR A DESCRIPTION OF THE METHODOLOGY FOR COMPUTING BAD DEBTS. THE AMOUNTS REPORTED REPRESENT THE PATIENT ACCOUNT BALANCES WRITTEN OFF TO BAD DEBT DURING THE YEAR ALONG WITH THE CHANGE IN THE ESTIMATE IN THE BAD DEBT RESERVES ON OUTSTANDING PATIENT ACCOUNTS RECEIVABLE BALANCES LESS ANY RECOVERIES ON PATIENT ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THE METHODOLOGY USED TO DETERMINE THE AMOUNT ON PART III, LINE 3 IS AS FOLLOWS: DEMOGRAPHIC DATA REGARDING POPULATION POVERTY LEVELS IN EACH FACILITY'S SERVICE AREA WERE USED TO DETERMINE THE AMOUNT OF BAD DEBT REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR THE FACILITY'S FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	<p>6/30/2019 AUDITED FINANCIAL STATEMENTS - FOOTNOTE (3) REVENUE RECOGNITION (A) NET PATIENT SERVICE REVENUE: NET PATIENT SERVICE REVENUE RELATES TO CONTRACTS WITH PATIENTS INVOLVING THIRD-PARTY PAYORS WHERE THE CORPORATION HAS AN OBLIGATION TO PERFORM HEALTHCARE SERVICES. THIS REVENUE IS RECORDED AT THE AMOUNT DUE FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS WHEN THE PERFORMANCE OBLIGATIONS ARE SATISFIED. THE ADOPTION OF ASU NO. 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (ASC TOPIC 606) RESULTED IN CHANGES TO THE PRESENTATION OF THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS WITH THE PROVISION OF BAD DEBTS NOW BEING CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE RECOGNIZED AS A DIRECT DEDUCTION TO NET PATIENT SERVICE REVENUE RATHER THAN THE PRESENTATION OF THE PROVISION FOR BAD DEBTS, PRIOR TO ADOPTION, AS A DEDUCTION TO ARRIVE AT NET PATIENT SERVICE REVENUE. FOR THE YEAR ENDED JUNE 30, 2019, \$70,770 OF IMPLICIT PRICE CONCESSIONS WAS RECORDED AS A DIRECT DEDUCTION TO NET PATIENT SERVICE REVENUE. THE CORPORATION BASES THE IMPLICIT PRICE CONCESSIONS ON HISTORICAL COLLECTIBILITY DATA BY PAYOR USING A PORTFOLIO APPROACH TO RECOGNIZE THE DEDUCTIONS NETTED AGAINST REVENUE WHEN IT IS RECOGNIZED.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>THE CALCULATION FOR PART III, LINE 8 IS COMPLETED USING MEDICARE COST REPORT DATA. THE MEDICARE AMOUNTS LISTED IN PART III, SECTION B ON LINES 5, 6, AND 7 ARE REPORTED FROM THE MEDICARE COST REPORTS AND DO NOT REPRESENT ALL OF THE REVENUES AND COSTS ASSOCIATED WITH PARTICIPATION IN MEDICARE PROGRAMS BY PEACEHEALTH. PART III SECTION B DOES NOT ALLOW FOR A FULL REPORTING OF MEDICARE REVENUES AND COSTS AS THE INSTRUCTIONS TO THE FORM 990 LIMIT MEDICARE REVENUES AND ALLOWABLE COSTS TO THOSE FROM THE MEDICARE COST REPORT. REVENUE AND COSTS FROM MEDICARE PART C PATIENTS, PART B PHYSICIAN SERVICES BILLED BY THE ORGANIZATION, AND CLINICAL LABORATORY SERVICES WERE NOT INCLUDED IN THE MEDICARE COST REPORT. IN ADDITION, HOSPITALS INCUR OTHER COSTS TO PROVIDE CARE THAT MEDICARE DOES NOT ALLOW IN THE COST REPORT. THE TOTAL REVENUES AND COSTS ATTRIBUTABLE TO ALL MEDICARE SERVICES ARE 604,230,337 AND 684,712,412 RESPECTIVELY. THIS RESULTS IN A TOTAL MEDICARE SHORTFALL OF 80,482,075.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>FINANCIAL ASSISTANCE PROGRAM INFORMATION IS PRESENT ON PEACEHEALTH STATEMENTS AND BILLINGS. ACCOUNTS ARE NOT ASSIGNED TO COLLECTION AGENCIES PRIOR TO 120 DAYS FROM THE DATE OF FIRST BILLING. FINANCIAL ASSISTANCE APPLICATIONS FOR ACCOUNTS THAT HAVE BEEN ASSIGNED TO A COLLECTION AGENCY MUST BE SUBMITTED WITH PROOF OF INCOME FOR THE DATE(S) OF SERVICE, IF A FINANCIAL ASSISTANCE APPLICATION IS RECEIVED FOR AN ACCOUNT PREVIOUSLY ASSIGNED TO COLLECTION, THE COLLECTION AGENCY IS REQUESTED TO HOLD FURTHER ACTIONS UNTIL THE RESULTS OF THE PENDING FINANCIAL ASSISTANCE REVIEW ARE AVAILABLE. IF THE REVIEW SHOWS THE PATIENT QUALIFIES FOR THE REDUCTION OR ELIMINATION OF THE DEBT, APPROPRIATE ACTIONS ARE TAKEN TO AMEND OR CORRECT PREVIOUS ACTIONS. THE COLLECTION POLICIES INVOLVE THE ISSUANCE OF A BILL ON OR SHORTLY AFTER DISCHARGE OR DEATH OF THE BENEFICIARY TO THE PARTY RESPONSIBLE FOR THE PATIENTS PERSONAL FINANCIAL OBLIGATIONS. THESE POLICIES ALSO INCLUDE OTHER ACTIONS SUCH AS SUBSEQUENT BILLINGS, GARNISHMENT OF FUTURE EARNINGS OR WAGES, LIENS ON PATIENT ACCOUNTS, COLLECTION LETTERS AND TELEPHONE CALLS OR PERSONAL CONTACTS WITH THIS PARTY WHICH CONSTITUTE A GENUINE, RATHER THAN A TOKEN, COLLECTION EFFORT. COLLECTION EFFORTS MAY INCLUDE USING OR THREATENING TO USE COURT ACTION TO OBTAIN PAYMENT. NO ACTIONS CONSTITUTING EXTRAORDINARY COLLECTION ACTIONS ARE UNDERTAKEN PRIOR TO DETERMINING IF AN INDIVIDUAL IS FAP ELIGIBLE. REFER TO THE SCHEDULE H, PART V SECTION ON BILLING AND COLLECTIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>THE COMMUNITY HEALTH NEEDS ASSESSMENT IS CUSTOMIZED TO THE LOCAL COMMUNITY. EACH PEACEHEALTH HOSPITAL CONDUCTS ITS OWN COMMUNITY HEALTH NEEDS ASSESSMENT. PEACEHEALTH PARTNERS WITH A DIVERSE GROUP OF COMMUNITY ORGANIZATIONS, INCLUDING MEDICAL PROFESSIONALS, OTHER NOT-FOR-PROFIT ORGANIZATIONS, AND STATE AND LOCAL GOVERNMENT AGENCIES TO IDENTIFY AND ASSESS THE SPECIFIC NEEDS OF THE COMMUNITIES IN WHICH IT SERVES. IN ORDER TO DETERMINE AND ACT ON THE HEALTH CARE NEEDS OF THE COMMUNITY PEACEHEALTH WILL ENGAGE COMMITTEES OF STAFF, BOARD MEMBERS AND VOLUNTEERS TO REVIEW AND ACT ON FUNDING REQUESTS FROM COMMUNITY-BASED ORGANIZATIONS. IN MAKING THE CASE FOR FUNDING, APPLICANTS MUST THOROUGHLY EXPLAIN THE NEED, THE POPULATION SERVED, THE EFFECTIVENESS OF THEIR PROGRAMS AND THE DESIRED OUTCOME. IN ADDITION TO HELPING BOARD COMMITTEES MAKE WISE STRATEGIC INVESTMENT IN PROGRAMS THAT EFFECTIVELY ADDRESS COMMUNITY NEEDS, THIS PROCESS ALSO KEEPS STAFF AND BOARD MEMBERS ATTUNED TO CHANGES IN THE COMMUNITY. WHEN PEACEHEALTH EVALUATES A COMMUNITY'S NEED FOR A PARTICULAR SERVICE, A HOST OF FACTORS ARE ASSESSED, INCLUDING: -ALTERNATIVE WAYS TO ACCESS CARE -THE ABILITY TO PROVIDE THE NECESSARY STAFF, EQUIPMENT AND SPACE -THE EFFECT ON THE COMMUNITY AND PATIENTS IF PEACEHEALTH DID NOT PROVIDE THE SERVICE -THE COMMUNITY'S BEST INTEREST -THE RESULTS OF AN ETHICAL DISCERNMENT ON THE OVERALL IMPACT TO THE COMMUNITY -ADDITIONAL COMMUNITY RESOURCES OR FUNDS AVAILABLE TO SUPPORT COMMUNITY NEED -OVERALL IMPACT OF ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND BARRIERS TO CARE. ADDITIONAL WAYS PEACEHEALTH STAYS IN TOUCH WITH THE COMMUNITY: - PATIENT COUNCILS: COMMUNITY MEMBERS PROVIDE INPUT AND FEEDBACK ON THE PATIENT EXPERIENCE, ISSUES, CONCERNS AND IDEAS. -COMMUNITY INVOLVEMENT: HOSPITAL STAFF SERVE ON NUMEROUS BOARDS, COMMITTEES AND TASK FORCES THAT ADDRESS COMMUNITY HEALTH PROBLEMS AND PROMOTE COMMUNITY HEALTH. - SPEAKERS BUREAU: HOSPITAL LEADERS AND EXPERTS ARE CALLED UPON TO ADDRESS COMMUNITY GROUPS ON A VARIETY OF HEALTH CARE TOPICS TAKING FEEDBACK, ANSWERING QUESTIONS AND LISTENING TO CONCERNS AND NEEDS. -VOLUNTEERING: HOSPITAL STAFF PARTICIPATE IN SERVICE DAYS, GROUP ACTIVITIES AND ONE ON ONE ACTIVITIES TO DONATE TIME AND EXPERTISE TO LOCAL NONPROFITS ADDRESSING SOCIAL DETERMINANTS OF HEALTH.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PEACEHEALTH HAS A TIME-HONORED TRADITION OF PROVIDING HEALTH CARE SERVICES TO THE SICK AND AFFLICTED REGARDLESS OF ABILITY TO PAY. THIS CONCEPT IS CENTRAL TO OUR MISSION AND IS REINFORCED THROUGH OUR NEW EMPLOYEE ORIENTATION TRAINING AND DEVELOPMENT PROGRAMS, LEADERSHIP MEETINGS, AND SPECIAL PROGRAMS SUCH AS LEADERSHIP IN MINISTRY. PEACEHEALTH DELIVERS COST SAVINGS TO NEEDY PATIENTS VIA OUR FINANCIAL ASSISTANCE POLICY (FAP). THE FAP PROGRAM PROVIDES FREE OR REDUCED-COST CARE TO LOW-INCOME INDIVIDUALS. QUALIFIED INDIVIDUALS RECEIVE A LETTER WHICH THEY MAY PRESENT JUST AS ONE WOULD AN INSURANCE CARD. MANY INDEPENDENT PROVIDERS IN THE COMMUNITY NOW ACCEPT PEACEHEALTH'S FAP PROGRAM AS THEIR BENCHMARK FOR PROVIDING SERVICES AT REDUCED OR NO CHARGE. OUR FAP ASSISTANCE PROVIDES MEDICALLY NECESSARY AND SOME PREVENTATIVE SERVICES AT PEACEHEALTH FACILITIES AT A REDUCED COST OR WITHOUT CHARGE WHEN PAYMENT CANNOT BE OBTAINED THROUGH ALL OTHER AVAILABLE FINANCIAL RESOURCES. THE FAP PROGRAM IS SECONDARY TO ALL OTHER RESOURCES SUCH AS INSURANCE, THIRD PARTY LIABILITY PAYERS, GOVERNMENT PROGRAMS, OUTSIDE AGENCY PROGRAMS, OR PRIVATE MEANS. THE PURPOSE OF THE PROGRAM IS TO HELP MANAGE THE DELICATE BALANCE OF FINANCIAL HEALTH AND WISE STEWARDSHIP WITH OUR MISSION OF PROVIDING COMMUNITY SERVICES IN ALL OF OUR SERVICE AREAS. OUR FAP ENSURES THAT PATIENTS RECEIVE FAIR AND EQUAL FINANCIAL TREATMENT ACROSS PEACEHEALTH, AND IT WORKS TOGETHER WITH OUR FINANCIAL COUNSELING SERVICES TO HELP PEACEHEALTH IDENTIFY PATIENTS WHO CAN BENEFIT FROM FINANCIAL ASSISTANCE. HERE IS AN EXAMPLE OF HOW WE WORK WITH OUR LOCAL COMMUNITIES TO ENROLL PEOPLE IN THE PROGRAM: PEACEHEALTH ST. JOSEPH MEDICAL CENTER WORKS CLOSELY WITH THE WHATCOM ALLIANCE AND THE AREA FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) TO ENSURE THAT ALL ELIGIBLE PATIENTS SEEKING MEDICAL CARE KNOW ABOUT THE PEACEHEALTH FINANCIAL ASSISTANCE PROGRAM. ALLIANCE STAFF WORK WITH THE MEDICAL CENTER TO FOLLOW UP ON PATIENTS WHO FREQUENT THE EMERGENCY DEPARTMENT FOR CARE AND INFORM THEM OF AVAILABLE RESOURCES, INCLUDING POSSIBLE FINANCIAL ASSISTANCE. PATIENTS REFERRED FROM COMMUNITY HEALTH CENTERS SEEKING ACCESS TO DONATED SPECIALTY CARE ARE ROUTINELY ENROLLED IN FINANCIAL ASSISTANCE AS PART OF THE PROCESS FOR DETERMINING ELIGIBILITY FOR COMMUNITY-WIDE DONATED CARE. COMMUNICATION: ELIGIBLE PATIENTS ARE MADE AWARE OF THIS PROGRAM THROUGH A VARIETY OF COMMUNICATION CHANNELS INCLUDING: -REFERRALS FROM COMMUNITY PARTNERS, INCLUDING NONPROFIT COMMUNITY CLINICS THAT ARE FREE OR LOW-COST - INFORMATION POSTED ON OUR WEB SITE AT WWW.PEACEHEALTH.ORG -SIGNAGE IN OUR WAITING ROOMS* -BROCHURES THROUGHOUT OUR FACILITIES** -FINANCIAL COUNSELING. *AS PART OF OUR BASELINE OUTREACH PLAN, PEACEHEALTH POSTS SIGNS IN THE FOLLOWING AREAS: - REGISTRATION AREAS - RECEPTION AREA - PAY STATIONS **BROCHURES ARE MADE AVAILABLE IN THE FOLLOWING AREAS: -PHYSICIAN OFFICES -COUNTY HEALTH DEPARTMENTS -REGISTRATION BOOTH/DESK -CHECK-IN AREAS (LAB, IMAGING, ETC.) -WAITING AREAS -EXISTING BROCHURE DISPLAYS -ADMINISTRATION -PATIENT EXAM ROOMS (PROVIDER OFFICES) -PAY STATIONS</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>PEACEHEALTH OPERATES TEN HOSPITALS IN THREE STATES. IN ALASKA, PEACEHEALTH RUNS THE KETCHI KAN MEDICAL CENTER IN KETCHIKAN. IN OREGON, PEACEHEALTH OPERATES SACRED HEART MEDICAL CENT ER UNIVERSITY DISTRICT (EUGENE), SACRED HEART MEDICAL CENTER AT RIVERBEND (SPRINGFIELD), P EACE HARBOR MEDICAL CENTER (FLORENCE), AND COTTAGE GROVE COMMUNITY MEDICAL CENTER (COTTAGE GROVE). IN WASHINGTON, PEACEHEALTH OPERATES SOUTHWEST WASHINGTON MEDICAL CENTER (VANCOUVE R), PEACEHEALTH ST. JOHN MEDICAL CENTER (LONGVIEW), PEACEHEALTH ST. JOSEPH MEDICAL CENTER (BELLINGHAM), PEACEHEALTH UNITED GENERAL MEDICAL CENTER (SEDRO-WOOLLEY), AND PEACEHEALTH P EACE ISLAND MEDICAL CENTER (FRIDAY HARBOR). COMMUNITY INFORMATION FOR KETCHIKAN, ALASKA: - 1,183 (5.9%) ARE PRESCHOOLERS UNDER 5 YEARS OLD (COMPARED TO 3.8% STATEWIDE) -3,872 (19.2%) ARE 5-19 YEARS OLD (COMPARED TO 22.1% STATEWIDE) -11,673 (58.0%) ARE ADULTS AGE 20-64 (C OMPARED TO 59.8% STATEWIDE) -2,777 (13.8%) ARE SENIORS AGE 65+ (COMPARED TO 10.8% STATEWID E) -4,075 (20.2%) ARE ALASKA NATIVE AND AMERICAN INDIAN (COMPARED TO 19.6% STATEWIDE) -1,055 (5.2%) ARE HISPANIC OR LATINO (COMPARED TO 6.8% STATEWIDE) -1,177 (5.8%) ARE ASIAN, (8.3%) FILIPINO (COMPARED TO 6.2% STATEWIDE, 3.5% ARE FILIPINO) COMMUNITY INFORMATION FOR EUGENE, OREGON: THE POPULATION OF LANE COUNTY IS 379,611. OF THIS TOTAL POPULATION: EUGENE, H OME TO THE UNIVERSITY OF OREGON, IS THE LARGEST CITY IN THE COUNTY. OF THE TOTAL POPULATIO N OF LANE COUNTY: -18,600 (4.9%) ARE PRESCHOOLERS UNDER 5 YEARS OLD (COMPARED TO 5.6% STAT EWIDE) -69,849 (18.4%) ARE 5-19 YEARS OLD (COMPARED TO 20.8% STATEWIDE) -217,897 (57.4%) A RE ADULTS AGE 20-64 (COMPARED TO 56% STATEWIDE) -73,265 (19.3%) ARE SENIORS AGE 65+ (COMPA RED TO 17.6% STATEWIDE) -338,224 (89.1%) ARE CAUCASIAN (COMPARED TO 86.8% STATEWIDE) -7,212 (1.6%) ARE ALASKA NATIVE AND AMERICAN INDIAN (COMPARED TO 1.8% STATEWIDE) -34,544 (9.1%) ARE HISPANIC OR LATINO (COMPARED TO 13.3% STATEWIDE) -4,555 (1.2%) ARE BLACK OR AFRICAN A MERICAN (COMPARED TO 2.2% STATEWIDE)-12,147 (3.2%) ARE ASIAN (COMPARED TO 4.8% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL DIPLOMA R ATE: LANE COUNTY: 91.5% OREGON: 90.2% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE: L ANE COUNTY: 18.8% OREGON: 14.9% CHILDREN IN POVERTY: LANE COUNTY: 18.0% OREGON: 17.0% UNEM PLOYMENT RATE: LANE COUNTY: 4.5% OREGON: 4.1% NUMBER OF HOMELESS, BOTH SHELTERED AND UNSHE LTERED: LANE COUNTY: 2,165 OREGON: 14,476 SOURCE: HUD, LANE COUNTY PIT, 2019 POINT IN TIME COUNT NUMBER OF CHILDREN GRADES K-12 REPORTED HOMELESS: LANE COUNTY: 2,296 OREGON: 21,756 SHELTERED: 1,817 UNSHELTERED: 2,549 MOTEL/HOTEL: 1,236 LIVING WITH OTHER FAMILIES: 16,399 COMMUNITY INFORMATION FOR SPRINGFIELD, OREGON: REFER TO THE PREVIOUSLY LISTED INFORMATION FOR EUGENE, OREGON AND LANE COUNTY. FOR THE PURPOSE OF THIS COMMUNITY HEALTH NEEDS ASSESS MENT, THE SERVICE AREA FOR PEACEHEALTH SACRED HEART AT RIVERBEND WAS DEFINED AS LANE COUNT Y. THIS DEFINITION WAS BASED IN PART ON THE FACT THAT MORE THAN 80% OF PEACEHEALTH SACRED HEARTS INPATIENTS IN 2011 WERE RESIDENTS OF LANE COUNTY. IN ADDITION, SACRED HEART AT RIVE RBEND SERVES AS THE REGIONAL REFERRAL HOSPITAL FOR OTHER PROVIDERS IN LANE COUNTY. COMMUNI TY INFORMATION FOR FLORENCE, OREGON: PEACE HARBOR'S SERVICE AREA HAS APPROXIMATELY 16,412 RESIDENTS, MOST OF WHOM RESIDE IN FLORENCE. OF THIS POPULATION: -656 (4.0%) ARE PRESCHOOLE RS UNDER 5 YEARS OLD (COMPARED TO 5.6% STATEWIDE) -2,183 (13.3%) ARE 5-19 YEARS OLD (COMPA RED TO 20.8% STATEWIDE) -6,778 (41.3%) ARE ADULTS AGE 20-64 (COMPARED TO 56% STATEWIDE) -6,795 (41.4%) ARE SENIORS AGE 65+ (COMPARED TO 17.6% STATEWIDE) -15,296 (93.2%) ARE CAUCASI AN (COMPARED TO 86.8% STATEWIDE) -181 (1.1%) ARE ALASKA NATIVE AND AMERICAN INDIAN (COMPAR ED TO 1.8% STATEWIDE) -345 (2.1%) ARE HISPANIC OR LATINO (COMPARED TO 13.3% STATEWIDE) -49 (0.3%) ARE BLACK OR AFRICAN AMERICAN (COMPARED TO 2.2% STATEWIDE) -230 (1.4%) ARE ASIAN (COMPARED TO 4.8% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL DIPLOMA RATE: SERVICE AREA: 90.8% LANE COUNTY: 91.5% OREGON STATE: 90.2 % INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE: SERVICE AREA: 17.2% LANE COUNTY: 18.8 % OREGON STATE: 14.9% CHILDREN IN POVERTY: SERVICE AREA: NA LANE COUNTY: 18.0% OREGON STAT E: 17.0% UNEMPLOYMENT RATE: SERVICE AREA: 9.1% LANE COUNTY: 4.5% OREGON STATE: 4.1% NUMBER OF HOMELESS, BOTH SHELTERED AND UNSHELTERED: SERVICE AREA: NA LANE COUNTY: 2,165 OREGON S TATE: 14,476 SOURCE: HUD, LANE COUNTY PIT, 2019 POINT IN TIME COUNT NUMBER OF CHILDREN GRA DES K-12 REPORTED HOMELESS: SERVICE AREA: NA LANE COUNTY: 2,296 OREGON STATE: 21,756 SHELT ERED: 1,817 UNSHELTERED: 2,549 MOTEL/HOTEL: 1,236 LIVING WITH OTHER FAMILIES: 16,399 COMMU NITY INFORMATION FOR COTTAGE GROVE, OREGON: COTTAGE GROVE OFFERS PROGRAMS TO THE APPROXIMA TELY 31,510 RESIDENTS OF THE SERVICE AREA. OF THIS POPULATION: -2,237 (7.1%) ARE PRESCHOOL ERS UNDER 5 YEARS OLD (COMPARED TO 5.6% STATEWIDE)</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>-7,972 (25.3%) ARE 5-19 YEARS OLD (COMPARED TO 20.8% STATEWIDE) -16,417 (52.1%) ARE ADULT S AGE 20-64 (COMPARED TO 56% STATEWIDE) -4,884 (15.5%) ARE SENIORS AGE 65+ (COMPARED TO 17 .6% STATEWIDE) -29,115 (92.4%) ARE CAUCASIAN (COMPARED TO 86.8% STATEWIDE) -126 (.04%) ARE ALASKA NATIVE AND AMERICAN INDIAN (COMPARED TO 1.8% STATEWIDE) -3,025 (9.6%) ARE HISPANIC OR LATINO (COMPARED TO 13.3% STATEWIDE) -32 (.01%) ARE BLACK OR AFRICAN AMERICAN (COMPARE D TO 2.2% STATEWIDE) -95 (.03%) ARE ASIAN (COMPARED TO 4.8% STATEWIDE) THE FOLLOWING SOCIO DEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL DIPLOMA RATE: SERVICE AREA: 88.9% LANE COUNTY: 91.5% OREGON: 90.2% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE: SERVICE AREA: 16.7% LANE COUNTY: 18.8% OREGON: 14.9% CHILDREN IN POVERTY: SERVICE AREA: NA LANE COUNTY: 18.0% OREGON: 17.0% UNEMPLOYMENT RATE: SERVICE AREA: 8.8% LANE COUNTY: 4.5% OREGON: 4.1% NUMBER OF HOMELESS, BOTH SHELTERED AND UNSHELTERED: SERVICE AREA: NA LANE COU NTY: 2,165 OREGON: 14,476 SOURCE: HUD, LANE COUNTY PIT, 2019 POINT IN TIME COUNT NUMBER OF CHILDREN GRADES K-12 REPORTED HOMELESS: SERVICE AREA: NA LANE COUNTY: 2,296 OREGON STATE: 21,756 SHELTERED: 1,817 UNSHELTERED: 2,549 MOTEL/HOTEL: 1,236 LIVING WITH OTHER FAMILIES: 16,399 COMMUNITY INFORMATION FOR VANCOUVER, WASHINGTON: WITHIN THE FOUR COUNTY PORTLAND M ETROPOLITAN AREA, CLARK COUNTY IS THE THIRD MOST POPULOUS COUNTY. THE SERVICE AREA ENCOMPA SSES 629 SQUARE MILES AND ITS MULTIPLE LARGE SUBURBAN COMMUNITIES HAVE A TOTAL POPULATION OF APPROXIMATELY 480,000. OF THIS POPULATION: -29,529 (6.2%) ARE PRESCHOOLERS UNDER FIVE Y EARS OLD -133,837 (27.9%) ARE FIVE-19 YEARS OLD (COMPARED TO 18.7% STATEWIDE) -271,383 (56 .7%) ARE ADULTS AGE 20-64 (COMPARED TO 60.7% STATEWIDE) -73,740 (15.4%) ARE SENIORS AGE 65 + (COMPARED TO 14.4% STATEWIDE) -47,073 (9.8%) ARE HISPANIC OR LATINO (COMPARED TO 12.3% S TATEWIDE) -4,083 (0.9%) ARE AMERICAN INDIAN AND ALASKA NATIVE (COMPARED TO 3.0% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL GRADUATI ON RATE CLARK COUNTY: 92.0% WASHINGTON STATE: 90.8% INDIVIDUALS LIVING BELOW THE FEDERAL P OVERTY LINE CLARK COUNTY: 10.3% WASHINGTON STATE: 12.2% MEDIAN HOUSEHOLD INCOME CLARK COUN TY: \$67,832 WASHINGTON STATE: \$66,174 % WITHOUT RELIABLE ACCESS TO A SUFFICIENT QUANTITY O F AFFORDABLE, NUTRITIOUS FOOD CLARK COUNTY: 12.4% WASHINGTON STATE: 12.0% OPIOID DEATHS PE R 100,000 CLARK COUNTY: 8.4% WASHINGTON STATE: 10.1% POINT IN TIME HOMELESSNESS RATE CLARK COUNTY: 1:602 WASHINGTON STATE: 1:346 COMMUNITY INFORMATION FOR LONGVIEW, WASHINGTON: THE POPULATION OF COWLITZ COUNTY IS APPROXIMATELY 103,590. OF THIS POPULATION: -6,169 (6.0%) ARE PRESCHOOLERS UNDER FIVE YEARS OLD -19,972 (19.27%) ARE FIVE-19 YEARS OLD (COMPARED TO 18.69% STATEWIDE) -58,628 (56.6%) ARE ADULTS AGE 20-64 (COMPARED TO 60.70% STATEWIDE) -18, 821 (18.2%) ARE SENIORS AGE 65+ (COMPARED TO 14.35% STATEWIDE) -8,936 (8.6%) ARE HISPANIC OR LATINO (COMPARED TO 12.30% STATEWIDE) -3,716 (3.6%) ARE AMERICAN INDIAN AND ALASKA NATI VE (COMPARED TO 3% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN T HE CHNA: HIGH SCHOOL GRADUATION RATE COWLITZ COUNTY: 88.5% WASHINGTON STATE: 90.8% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE COWLITZ COUNTY: 16.9% WASHINGTON STATE: 12.2% M EDIAN HOUSEHOLD INCOME COWLITZ COUNTY: \$49,804 WASHINGTON STATE: \$66,174 PERCENT WITHOUT R ELIABLE ACCESS TO A SUFFICIENT QUANTITY OF AFFORDABLE, NUTRITIOUS FOOD COWLITZ COUNTY: 14. 8% WASHINGTON STATE: 12.0% OPIOID DEATHS PER 100,000 COWLITZ COUNTY: 12.1% WASHINGTON STAT E: 10.1% POINT IN TIME HOMELESSNESS RATE COWLITZ COUNTY: 1:320 WASHINGTON STATE: 1:346</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUED):	<p>COMMUNITY INFORMATION FOR BELLINGHAM, WASHINGTON: THE POPULATION OF WHATCOM COUNTY IS APPROXIMATELY 212,700. OF THIS POPULATION: -11,682 (5.50%) ARE PRESCHOOLERS UNDER 5 YEARS OLD -38,213 (17.96%) ARE 5-19 YEARS OLD (COMPARED TO 18.69% STATEWIDE) -128,912 (60.60%) ARE ADULTS AGE 20-64 (COMPARED TO 60.70% STATEWIDE) -33,931 (15.90%) ARE SENIORS AGE 65+ (COMPARED TO 14.35% STATEWIDE) -19,198 (9.0%) ARE HISPANIC OR LATINO (COMPARED TO 12.30% STATEWIDE) -9,224 (4.30%) ARE AMERICAN INDIAN AND ALASKA NATIVE (COMPARED TO 3.0% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL DIPLOMA RATE: WHATCOM COUNTY: 91.2% WASHINGTON: 90.8% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE: WHATCOM COUNTY: 15.3% WASHINGTON: 12.2% HOUSEHOLDS IN POVERTY OR UNABLE TO AFFORD BASIC HOUSEHOLD EXPENSES WHATCOM COUNTY: 8.6% WASHINGTON: 8.0% COMMUNITY INFORMATION FOR FRIDAY HARBOR, WASHINGTON: FRIDAY HARBOR IS A TOWN IN SAN JUAN COUNTY, WASHINGTON, UNITED STATES. THE POPULATION OF SAN JUAN COUNTY IS APPROXIMATELY 17,000. OF THIS POPULATION: -493 (2.9%) ARE PRESCHOOLERS UNDER FIVE YEARS OLD (COMPARED TO 6.1% STATEWIDE) -2,210 (13.0%) ARE FIVE-19 YEARS OLD (COMPARED TO 22.1% STATEWIDE) -8,500 (50.0%) ARE ADULTS AGE 20-64 (COMPARED TO 56.4% STATEWIDE) -5,797 (34.1%) ARE SENIORS AGE 65+ (COMPARED TO 15.4% STATEWIDE) -1,139 (6.7%) ARE HISPANIC OR LATINO (COMPARED TO 12.9% STATEWIDE) -170 (1.0%) ARE AMERICAN INDIAN AND ALASKA NATIVE (COMPARED TO 1.9% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL GRADUATION RATE SAN JUAN ISLAND: 96.1% SAN JUAN COUNTY: 96.1% WASHINGTON STATE: 90.8% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE SAN JUAN ISLAND: 9.1% SAN JUAN COUNTY: 10.7% WASHINGTON STATE: 6.0% MEDIAN HOUSEHOLD INCOME SAN JUAN ISLAND: \$64,654 SAN JUAN COUNTY: \$60,271 WASHINGTON STATE: \$66,174 PEOPLE OVER AGE 5 WHO ARE LINGUISTICALLY ISOLATED SAN JUAN ISLAND: 1.8% SAN JUAN COUNTY: 2.0% WASHINGTON STATE: 7.6% ALICE (ASSET LIMITED INCOME CONSTRAINED, EMPLOYED FAMILIES) BY SUBCOUNTY AREA: SAN JUAN ISLAND: 28.3% SAN JUAN COUNTY: 39% WASHINGTON STATE: 37% COMMUNITY INFORMATION FOR SEDRO-WOOLLEY, WASHINGTON: SEDRO-WOOLLEY IS A TOWN IN SKAGIT COUNTY, WASHINGTON, UNITED STATES. THE POPULATION OF SKAGIT COUNTY IS APPROXIMATELY 52,000. OF THIS POPULATION: -3,172 (6.1%) ARE PRESCHOOLERS UNDER FIVE YEARS OLD (COMPARED TO 6.1% STATEWIDE) -11,336 (21.8%) ARE FIVE-19 YEARS OLD (COMPARED TO 22.1% STATEWIDE) -26,728 (51.4%) ARE ADULTS AGE 20-64 (COMPARED TO 56.4% STATEWIDE) -10,764 (20.7%) ARE SENIORS AGE 65+ (COMPARED TO 15.4% STATEWIDE) -9,724 (18.7%) ARE HISPANIC OR LATINO (COMPARED TO 12.9% STATEWIDE) -1,404 (2.7%) ARE AMERICAN INDIAN AND ALASKA NATIVE (COMPARED TO 1.9% STATEWIDE) THE FOLLOWING SOCIODEMOGRAPHIC PROFILES WERE SUMMARIZED IN THE CHNA: HIGH SCHOOL GRADUATION RATE SEDRO-WOOLLEY: 92.0% SKAGIT COUNTY: 89.3% WASHINGTON STATE: 90.8% INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE SEDRO-WOOLLEY: 14.7% SKAGIT COUNTY: 14.3% WASHINGTON STATE: 6.0% MEDIAN HOUSEHOLD INCOME SEDRO-WOOLLEY: \$57,089 SKAGIT COUNTY: \$59,263 WASHINGTON STATE: \$66,174 PEOPLE OVER AGE 5 WHO ARE LINGUISTICALLY ISOLATED SEDRO-WOOLLEY: 2.2% SKAGIT COUNTY: 7.3% WASHINGTON STATE: 7.6% ALICE (ASSET LIMITED INCOME CONSTRAINED, EMPLOYED FAMILIES) BY SUBCOUNTY AREA: SEDRO-WOOLLEY: 48.0% SKAGIT COUNTY: 34.0% WASHINGTON STATE: 37.0%</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PEACEHEALTH IS AN INTEGRATED, NOT-FOR-PROFIT HEALTH SYSTEM THAT OFFERS A FULL CONTINUUM OF HEALTH AND WELLNESS SERVICES IN THE NORTHWEST. PEACEHEALTH CONTRIBUTES TO THE HEALTH OF THE COMMUNITY BY OFFERING A VARIETY OF SERVICES TO ATTEND TO PREVENTATIVE, ACUTE AND CHRONIC HEALTH CARE SERVICES WITHIN THE COMMUNITIES IT SERVES, THE PEACEHEALTH MISSION IS TO CARRY ON THE HEALING MISSION OF JESUS CHRIST BY PROMOTING PERSONAL AND COMMUNITY HEALTH RELIEVING PAIN AND SUFFERING AND TREATING EACH PERSON IN A LOVING AND CARING WAY. OUR VISION IS TO ENSURE THAT EVERY PERSON RECEIVES SAFE, COMPASSIONATE CARE; EVERY TIME, EVERY TOUCH. PEACEHEALTH PROVIDES EXCEPTIONAL MEDICINE, AND ENDEAVORS TO ALWAYS SERVE THE MOST VULNERABLE AMONG US. PEACEHEALTH RECOGNIZES THE NEED FOR INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED TO ACCESS HEALTH CARE AND PEACEHEALTH PROVIDES THOSE SERVICES EQUALLY TO ALL BASED ON THE AFFORDABLE CARE ACTS CHNA GUIDELINES, EVERY 501(C)3 HOSPITAL MUST CONDUCT ITS OWN UNIQUE CHNA. A CHNA HAS BEEN COMPLETED FOR EACH PEACEHEALTH HOSPITAL. THE COMPLETED CHNAS ALLOW FOR DEEPER UNDERSTANDING OF THE HEALTH NEEDS OF OUR COMMUNITIES. OUR BROAD ANALYSIS OF SECONDARY DATA, COMMUNITY FEEDBACK, AND SYSTEMWIDE PEACEHEALTH INPUT REVEALED A REMARKABLE LEVEL OF COMMONALITY IN THE HEALTH CONCERNS OF OUR VARIOUS COMMUNITIES. EACH HOSPITAL HAS IDENTIFIED PLANS TO ADDRESS PRIORITIZED NEEDS AND CONTINUES TO PURSUE OPPORTUNITIES TO ENHANCE THE OVERALL WELLBEING OF THE COMMUNITY. THESE PLANS ARE OUTLINED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLANS FOR EACH AREA, PLANNED FOR RELEASED IN WINTER 2019. PEACEHEALTH HAS THE WHEREWITHAL TO IMPROVE POPULATION HEALTH IN ALL REGIONS SERVED BY PEACEHEALTH MEDICAL FACILITIES. THROUGH SYSTEMWIDE SHARING OF BEST PRACTICES, PEACEHEALTH IS IMPROVING AND SUPPORTING THE POPULATION HEALTH OF OUR COMMUNITIES ACROSS THE NORTHWEST.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	PEACEHEALTH IS NOT PART OF AN AFFILIATED HEALTHCARE SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7:	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT: AK, OR, WA

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 10		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PH SACRED HEART MED CTR AT RIVERBEND 3333 RIVERBEND DRIVE SPRINGFIELD, OR 97477	X	X					X			A
2	PH SACRED HEART MED CTR UNIV DISTRICT 1255 HILYARD STREET EUGENE, OR 97401	X	X					X			A
3	PH SOUTHWEST MEDICAL CENTER 400 NE MOTHER JOSEPH PL VANCOUVER, WA 98683	X	X					X			A
4	PH ST JOSEPH MEDICAL CENTER 2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225	X	X					X			A
5	PH ST JOHN MEDICAL CENTER 1615 DELAWARE STREET LONGVIEW, WA 98632	X	X					X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
<p>(list in order of size from largest to smallest—see instructions)</p> <p>How many hospital facilities did the organization operate during the tax year?</p> <p>10</p> <p>Name, address, primary website address, and state license number</p>											
6	PH KETCHIKAN MEDICAL CENTER 3100 TONGASS AVENUE KETCHIKAN, AK 99901	X	X			X		X			A
7	PH PEACE HARBOR MEDICAL CENTER 400 9TH STREET FLORENCE, OR 97439	X				X		X			A
8	PH COTTAGE GROVE COMMUNITY MED CTR 1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424	X				X		X			A
9	PH PEACE ISLAND MEDICAL CENTER 1117 SPRING STREET FRIDAY HARBOR, WA 97401	X				X		X			A
10	PH UNITED GENERAL MEDICAL CENTER 4000 HOSPITAL DRIVE SEDROWOOLLEY, WA 98284	X				X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 9	ALL PEACEHEALTH HOSPITALS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FROM APRIL THROUGH JUNE 2019. THESE ASSESSMENTS ARE CONDUCTED EVERY THREE YEARS. THESE NEW ASSESSMENTS WILL SPAN 2019-2021. ALL PEACEHEALTH LOCATIONS DEVELOPED AND APPROVED IMPLEMENTATION PLANS ACTING ON CHNA RESULTS IN OCTOBER 2019.
PART V, SECTION B, LINE 5	TO OBTAIN CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE PEACEHEALTH MEDICAL CENTERS, THE COMMUNITY HEALTH NEEDS ASSESSMENTS TOOK INTO ACCOUNT INFORMATION FROM: 1) PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. 2) FEDERAL, TRIBAL, REGIONAL, STATE, AND LOCAL HEALTH DEPARTMENTS AND AGENCIES. 3) LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SERVED BY THE HOSPITAL FACILITY. 4) REVIEW OF AVAILABLE PUBLISHED COMMUNITY HEALTH DATA. 5) MEETINGS WITH COMMUNITY GROUPS AND PUBLIC OFFICIALS; PUBLIC FORUMS, FOCUS GROUPS AND COMMUNITYWIDE HEALTH ASSET SURVEY AND KEY INFORMANT INTERVIEWS. PLEASE REFER TO THE PUBLISHED CHNAS FOR FURTHER DETAILS. THESE REPORTS CAN BE FOUND AT WWW.PEACEHEALTH.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	PEACEHEALTH HOSPITALS WORK IN CONCERT TO CONDUCT CHNAS IF THEY SERVE THE SAME COMMUNITY OR AN OVERLAPPING COMMUNITY. PEACEHEALTH HOSPITALS WITHIN A NETWORK (GEOGRAPHIC REGION) ALSO WILL WORK TOGETHER EVEN WHEN THE COMMUNITIES ARE NOT OVERLAPPING. ALL HOSPITALS CONDUCTED INDEPENDENT CHNA'S FOR THE 2019-2021 CYCLE. ALTHOUGH INDEPENDENT, THE OVERALL PEACEHEALTH SYSTEM SHARED ASSESSMENT OUTCOMES FROM ALL LOCATIONS. THE FOLLOWING HOSPITALS CONDUCTED CHNA'S: SACRED HEART MEDICAL CENTER AT RIVERBEND; SACRED HEART MEDICAL CENTER UNIVERSITY DISTRICT; PEACEHEALTH SOUTHWEST MEDICAL CENTER; ST. JOSEPH MEDICAL CENTER; ST. JOHN MEDICAL CENTER; KETCHIKAN MEDICAL CENTER; PEACE HARBOR MEDICAL CENTER; COTTAGE GROVE COMMUNITY MEDICAL CENTER; PEACE ISLAND MEDICAL CENTER; UNITED GENERAL MEDICAL CENTER.
PART V, SECTION B, LINE 6B	REFER TO THE PUBLISHED CHNAS AT WWW.PEACEHEALTH.ORG FOR DETAILS ABOUT WHAT ORGANIZATIONS PARTICIPATED IN THE CHNAS. THE PEACEHEALTH HOSPITALS' CHNAS WERE UNDERTAKEN CONCURRENT WITH THE PLANNING ACTIVITIES OF COMMUNITY HEALTH ORGANIZATIONS IN THE STATE, REGION AND COUNTY. THE FOLLOWING HOSPITAL FACILITIES AND ORGANIZATIONS COLLABORATED IN THE COMPLETION OF THE CHNAS: SACRED HEART MEDICAL CENTER RIVERBEND, SACRED HEART MEDICAL CENTER UNIVERSITY DISTRICT, COTTAGE GROVE COMMUNITY MEDICAL CENTER AND PEACE HARBOR MEDICAL CENTER COLLABORATED WITH THE OREGON STATE HEALTH IMPROVEMENT PLAN, LIVE HEALTHY LANE (LHL), UNITED WAY OF LANE COUNTY, SIUSLAW VISION, AND BE YOUR BEST. ST. JOSEPH MEDICAL CENTER, PEACE ISLAND MEDICAL CENTER, AND UNITED GENERAL MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, SAN JUAN COUNTY COMMUNITY HEALTH INITIATIVES CONSORTIUM (CHIC), SAN JUAN ISLAND COMMUNITY FOUNDATION'S COMMUNITY NEEDS TASKFORCE, WHATCOM COUNTY HEALTH DEPARTMENT, HEALTHY WHATCOM TEAM, SKAGIT COUNTY POPULATION HEALTH TRUST, AND THE NORTH SOUND ACCOUNTABLE COMMUNITY OF HEALTH (NS-ACH). THE NS-ACH INCLUDES REPRESENTATIVES FROM THE FIVE-COUNTY AREA THAT INCLUDES SAN JUAN ISLAND, SKAGIT, SNOHOMISH AND WHATCOM COUNTIES. KETCHIKAN MEDICAL CENTER COLLABORATED WITH THE STATE OF ALASKA, THE KETCHIKAN WELLNESS COALITION, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM, AND KETCHIKAN INDIAN COMMUNITY. SOUTHWEST MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, CLARK COUNTY PUBLIC HEALTH DEPARTMENT, THE HEALTHY LIVING COLLABORATIVE OF SOUTHWEST WASHINGTON, AND SOUTHWEST WASHINGTON ACCOUNTABLE COMMUNITY OF HEALTH (SWACH). ST. JOHN MEDICAL CENTER COLLABORATED WITH THE WASHINGTON STATE HEALTH IMPROVEMENT PLAN, COWLITZ COUNTY PUBLIC HEALTH DEPARTMENT, CASCADE PACIFIC ACTION ALLIANCE; THE HEALTHY LIVING COLLABORATIVE OF SOUTHWEST WASHINGTON, AND PATHWAYS 2020.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7	ALL CHNA'S AND CHNA REPORTS ARE AVAILABLE UPON REQUEST.
PART V, SECTION B, LINE 11	PLEASE REFER TO THE PUBLISHED CHNAS LOCATED AT WWW.PEACEHEALTH.ORG . THE PUBLISHED CHNAS CONTAIN THE IMPLEMENTATION PLAN(S) COVERING HOW THE PEACEHEALTH MEDICAL CENTERS ARE ADDRESSING THE SIGNIFICANT NEEDS OF THEIR RESPECTIVE COMMUNITIES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13H	PEACEHEALTH USES THE FEDERAL POVERTY GUIDELINES (FPL) AND CRITERIA THAT ASSESS AN INDIVIDUAL'S ABILITY TO PAY FOR DETERMINING THE AMOUNT OF FINANCIAL ASSISTANCE THAT WILL BE PROVIDED. EACH INDIVIDUAL SITUATION IS REVIEWED INDEPENDENTLY WITH ALLOWANCES MADE FOR EXTENUATING CIRCUMSTANCES. FOR ADDITIONAL DESCRIPTION, REFER TO SCHEDULE H, PART VI EXPLANATION FOR PART I, LINE 3C.
PART V, SECTION B, LINE 22D	IRS REQUIREMENTS FOR CHARITABLE HOSPITALS 501(R) LIMITATION ON CHARGES AN ELIGIBLE INDIVIDUAL RECEIVING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE UNDER A PEACEHEALTH'S FINANCIAL ASSISTANCE POLICY (FAP) WILL NOT BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERAGE. TO DETERMINE AMOUNTS GENERALLY BILLED (AGB), THE "LOOK BACK" METHOD IS APPLIED FOR MEDICARE FEE-FOR-SERVICE AND PRIVATE INSURER ACCOUNTS. PEACEHEATH HAS A FAP THAT PROVIDES FOR DISCOUNTS TO ELIGIBLE INDIVIDUALS ON A SLIDING SCALE UP TO 400% OF THE FEDERAL POVERTY LEVEL. WHILE THE RATE INSURED INDIVIDUALS ARE ULTIMATELY CHARGED VARIES WITH CONTRACT AND BENEFIT TERMS, WE BELIEVE THAT OUR FAP DISCOUNTS PROVIDE ELIGIBLE INDIVIDUALS WITH BETTER OR SIMILAR DISCOUNTS. OUR MINIMUM UNINSURED FAP REDUCTION IS 70% WITH A MAXIMUM UNINSURED DISCOUNT OF 100%. FOR INSURED ACCOUNTS WE OFFER DISCOUNTS RANGING FROM 70% TO 100% DEPENDING ON FEDERAL POVERTY GUIDELINES. WE DO NOT USE GROSS CHARGES WITHOUT DISCOUNTS FOR INDIVIDUALS ELIGIBLE UNDER OUR FAP.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
PEACEHEALTH

Employer identification number
91-0939479

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 60

3 Enter total number of other organizations listed in the line 1 table ▶ 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PEACEHEALTH PRE-SCREENS APPLICANTS TO DETERMINE THE NEED OF THE ORGANIZATION RECEIVING THE GRANT. GRANTS AND DONATIONS ARE THEN DETERMINED AND GIVEN TO THOSE ORGANIZATIONS WHOSE MISSION FALLS IN LINE WITH PROMOTING HEALTHCARE OR THE FURTHERANCE OF A COMMUNITY NEED, SUCH AS HEALTHCARE EDUCATION. SINCE EACH GRANT IS CAREFULLY EXAMINED BEFORE IT IS GIVEN AND THE PURPOSE OF THE GRANT IS KNOWN BEFORE IT IS GIVEN, NO FOLLOW UP IS PERFORMED TO FIND OUT HOW THE GRANT WAS USED.

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF ST JOSEPH OF PEACE 1663 Killamey Way Bellevue, WA 98009	91-0567741	501(C)(3)	360,100				Mission Support
LANE COMMUNITY COLLEGE FDTN 4000 East 30th Ave Eugene, OR 97405	23-7113266	501(C)(3)	275,000				Education Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOUTLE RIVER RANCH 907 DOUGLAS ST LONGVIEW, WA 98632	91-0726260	501(C)(3)	241,230				Addiction Recovery
LOOKING GLASS YOUTH AND FAMILY 1790 W 11th Avenue Suite 200 Eugene, OR 97402	93-0605174	501(C)(3)	200,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY CARE NW 1616 Cornwall Ave Ste 2015 Bellingham, WA 98225	91-2168190	501(C)(3)	160,270				Education Support
SHELTERCARE PO Box 23338 Eugene, OR 97402	23-7115003	501(C)(3)	152,500				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON COMMUNITY FOUNDATION 1221 SW Yamhill St Suite 100 Portland, OR 97205	23-7315673	501(C)(3)	150,000				Community Benefit
YWCA CLARK COUNTY 3609 Main St Vancouver, WA 98663	91-0569882	WASHINGTON	100,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF SW WASHINGTON 4100 Plomondon St Vancouver, WA 98661	91-1707542	501(C)(3)	75,000				Community Health Needs
LANE COMMUNITY COLLEGE 4000 E 30th Ave Eugene, OR 97405	93-0546223	OREGON	68,750				Education Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR THE HOMELESS 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	67,000				Housing Assistance
COUNTY OF SOUTH LANE DIST 4553 1275 SOUTH RIVER RD COTTAGE GROVE, OR 97424	93-6000589	OREGON	60,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH PARTNERS PO Box 2853 Longview, WA 98632	91-2016542	501(C)(3)	50,000				Community Health Needs
COUNTY OF WHATCOM 311 GRAND AVE STE 103 BELLINGHAM, WA 98225	91-6001383	WASHINGTON	50,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING NW 2505 3rd Ave Suite 204 Seattle, WA 98121	91-1546525	501(C)(3)	45,000				Housing Assistance
NW YOUTH SERVICES 1020 N State St Bellingham, WA 98225	91-0970561	501(C)(3)	40,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUREL HILL CENTER INC 2145 Centennial Plaza Eugene, OR 97401	23-7256802	501(C)(3)	39,432				Community Benefit
UNITED WAY OF LANE COUNTY 3171 Gateway Loop Springfield, OR 97477	93-0394142	OREGON	35,338				Community Health Needs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COTTAGE GROVE COMMUNITY FDTN 1450 Birch Ave Cottage Grove, OR 97424	94-3138507	501(C)(3)	35,300				Community Benefit
LANDING HOTEL 3434 TONGASS AVE KETCHIKAN, AK 99901	92-0075395		32,458				Patient Lodging

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN ISLAND FAMILY PO Box 1981 Friday Harbor, WA 98250	91-2014083	501(C)(3)	32,000				Community Benefit
PARENTING NOW 88 Centennial Loop Eugene, OR 97401	93-0706557	501(C)(3)	30,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECTION SERVICE 1144 Gateway Loop Ste 200 Springfield, OR 97477	93-0800692	501(C)(3)	30,000				Community Benefit
CHUCKANUT HEALTH FDTN ST LUKES 809 E Chestnut St Bellingham, WA 98225	91-1192943	501(C)(3)	27,200				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGID COLLINS FAMILY SUPPORT 1231 N Garden Street 200 Bellingham, WA 98225	94-3121951	501(C)(3)	26,950				Community Benefit
PATHWAYS 2020 1452 Hudson St US Bank Ste 209 Longview, WA 98632	91-1954815	501(C)(3)	26,000				Community Health Needs

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 2055 Patterson St Eugene, OR 97405	93-0500679	501(C)(3)	25,921				Community Health Needs
LOWER COLUMBIA CAP 1526 Commerce Avenue Longview, WA 98632	91-0814141	501(C)(3)	25,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING CLINIC LLC PO Box 2746 Florence, OR 97439	20-4494736	501(C)(3)	25,000				Community Benefit
THE CRUDEM FOUNDATION INC 362 Sewall Street Ludlow, MA 01056	43-1660199	501(C)(3)	25,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCADE HEALTH SOLUTIONS 2650 SUZANNE WY STE 200 EUGENE, OR 97408	93-0421470	501(C)(3)	20,000				Community Health Needs
CHILDRENS COURSE 19825 River Road Gladstone, OR 97027	93-1212530	501(C)(3)	20,000				Education Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF WHATCOM COUNTY 2602 McLeod Road Bellingham, WA 98225	31-1579359	WASHINGTON	20,000				Community Benefit
UNITED GENERAL DISTRICT 304 2031 HOSPITAL DR SEDRO WOOLLEY, WA 98284	81-0622393	WASHINGTON	19,742				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT COUNTY PO Box 518 Mount Vernon, WA 98273	91-6001361	WASHINGTON	15,500				Community Benefit
LOWER COLUMBIA SCHOOL GARDENS PO Box 3010 Longview, WA 98632	91-0823636	501(C)(3)	15,000				Nutrition Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR VPS PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	15,000				Community Benefit
OREGON HEALTH CARE QUALITY 520 SW 6th Ave Suite 830 PORTLAND, OR 97204	93-1293103	501(C)(3)	13,656				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL HEALTH 112 LLC 7000 CARDINAL PL DUBLIN, OH 43017	47-5322872		13,436				Community Benefit
CITY OF EUGENE 99 West 10th Avenue Eugene, OR 97401	93-6002160	OREGON	12,500				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SW WASHINGTON FAMILY YMCA 766 15th Avenue Longview, WA 98632	91-0565021	501(C)(3)	11,488				Community Benefit
JUBILEE WOMENS CENTER 620 18th Avenue East Seattle, WA 98112	91-1539920	501(C)(3)	11,100				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(C)(3)	10,000				COMMUNITY BENEFIT
UNITED WAY OF WHATCOM COUNTY 1511 Cornwall Ave Bellingham, WA 98225	91-0570788	501(C)(3)	10,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE CLINIC 3321 W 11th Avenue Eugene, OR 97402	93-1276816	501(C)(3)	10,000				Community Benefit
IDENTITY CLARK COUNTY 915 Broadway Suite 302 Vancouver, WA 98660	91-1623724	WASHINGTON	10,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIV ALLIANCE 1966 Garden Avenue EUGENE, OR 97403	93-0963546	501(C)(3)	10,000				COMMUNITY BENEFIT
SHARE INC 2306 NE Andresen Road Vancouver, WA 98661	91-1205119	501(C)(3)	10,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF SNOHOMISH 8223 Broadway Suite 100 Everett, WA 98203	91-0549511	501(C)(3)	10,000				Community Benefit
OREGON UNIVERSITY SYSTEM PO Box 3237 Eugene, OR 97403	93-6001786	501(C)(3)	10,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OREGON SCHLRSH PO Box 3237 Eugene, OR 97403	48-1278531	501(C)(3)	10,000				Education Support
OHSU FOUNDATION 1121 SW Salmon Street Suite 200 Portland, OR 97205	23-7083114	501(C)(3)	10,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIV 3181 SW Sam Jackson Park Road Portland, OR 97239	93-1176109	501(C)(3)	10,000				Community Benefit
GREATER VANCOUVER CHAMBER 1101 Broadway Suite 100 Vancouver, WA 98660	91-0452260	501(C)(3)	7,960				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF FLORENCE PO Box 598 Florence, OR 97439	93-0931139	501(C)(3)	7,800				Community Benefit
THE PORTLAND BUSINESS JOURNAL 651 SW 6th Ave 500 Portland, OR 97204	59-3089188	501(C)(3)	7,650				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CANCER CARE ALLIANCE PO Box 19023 Seattle, WA 98109	91-1935159	501(C)(3)	7,000				Community Benefit
OREGON BUSINESS AND INDUSTRY 1149 Court Street NE Salem, OR 97301	93-0470826	501(C)(3)	6,780				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWER COLUMBIA COLLEGE FDTN PO Box 3010 Longview, WA 98632	91-0823636	501(C)(3)	6,500				Education Support
COLUMBIA RIVER ECONOMIC 805 Broadway Suite 412 Vancouver, WA 98660	91-1186305	501(C)(4)	6,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES PORTLAND 2740 SE Powell Blvd 1 Portland, OR 97202	93-0386801	501(C)(3)	6,000				Community Benefit
SIUSLAW VALLEY CHRISTIAN CTR 1380 10th Street Florence, OR 97439	93-0551513	501(C)(3)	6,000				Community Benefit

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE COMMUNITY HOUSING PO Box 11923 Eugene, OR 97440	93-1078543	501(C)(3)	5,995				Community Benefit

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization PEACEHEALTH		Employer identification number 91-0939479

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

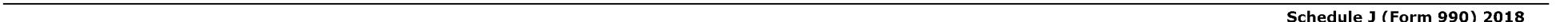
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Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A:	THE ORGANIZATION HAS POLICIES REGARDING THE ELIGIBILITY OF EXECUTIVES FOR THESE ITEMS. FOR EXAMPLE, TRAVEL FOR COMPANIONS AND HOUSING ALLOWANCES ARE RELATED TO RELOCATION BENEFITS OR FIRST CLASS TRAVEL FOR FLIGHTS EXCEEDING SIX HOURS IN DURATION. THESE BENEFITS WERE REPORTED AND TREATED AS TAXABLE INCOME.

Return Reference	Explanation
PART I, LINES 4A-B:	<p>THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, CERTAIN PHYSICIANS, AND OTHER HIGHLY COMPENSATED EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN VARIOUS NONQUALIFIED RETIREMENT PLANS. CONTRIBUTIONS TO THESE PLANS AND RELATED INVESTMENT RETURNS ARE DISCLOSED ON SCHEDULE J AS DEFERRED COMPENSATION AND AS BONUS COMPENSATION WHEN PAID TO THE INDIVIDUAL. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2018: Beth O'Brien 289,200 Dan A. Hein 386,069 Rand J. O'Leary 329,364 Renato V. Baciarelli 543,712 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN CALENDAR YEAR 2018: Elizabeth V. Dunne 258,576 Rand J. O'Leary 117,382 Victoria L. King 100,809 Michael C. Metcalf 81,147 Kimberly A. Hodgkinson 128,940 Michael P. Dwyer 119,132 Ron L. Saxton 139,065 Dale J. Zender 103,856</p> <p>ADDITIONAL COMMENTARY WE ARE COMMITTED TO LIVING OUR CORE VALUES OF RESPECT, STEWARDSHIP, COLLABORATION AND SOCIAL JUSTICE. PEACEHEALTH MINISTRIES COMPETE FOR EXECUTIVE TALENT WITH BOTH FOR-PROFIT AND NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS THROUGHOUT THE COUNTRY DUE TO THE COMPLEXITY OF THE JOB. COMPETITIVE COMPENSATION PROGRAMS ARE CRITICAL TO ATTRACT AND RETAIN THE BEST EXECUTIVE TALENT. PEACEHEALTH IS COMMITTED TO COMPENSATION PRACTICES THAT ARE BOTH JUST AND COMPETITIVE. PEACEHEALTH USES A SINGLE PROCESS TO DETERMINE COMPENSATION FOR ALL CAREGIVERS, INCLUDING EXECUTIVES. THIS PROCESS INCLUDES REVIEWING THIRD-PARTY SURVEY DATA TO BENCHMARK SALARIES AGAINST SIMILAR JOBS AT OTHER HEALTH CARE SYSTEMS OF COMPARABLE SIZE AND COMPLEXITY. WE ALSO EVALUATE EXECUTIVE PERFORMANCE ON AN ANNUAL BASIS. THE PEACEHEALTH BOARD HAS A GOVERNANCE COMMITTEE COMPRISED OF DIVERSE INDIVIDUALS WITH MISSION, INDEPENDENT BUSINESS AND HUMAN RESOURCES EXPERTISE. THE COMMITTEE IS CHARGED WITH SETTING EXECUTIVE COMPENSATION, INCLUDING INCENTIVE PAY, BENEFITS AND RELATED POLICIES. IT ESTABLISHES SALARIES FOR PEACEHEALTH EXECUTIVES BASED ON THE MARKET MEDIAN (50TH PERCENTILE). AS PART OF THE TOTAL COMPENSATION PACKAGE, OTHER BENEFITS ARE PROVIDED CONSISTENT WITH THE MEDIAN (MIDDLE) OF THE HEALTH CARE MARKET. BENEFITS ARE DESIGNED TO SUPPORT OUR CULTURE AND VALUES, AND TO ENCOURAGE COMMITMENT AND RETENTION.</p>



Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Elizabeth V Dunne President & CEO	(i)	1,220,045	617,648	108,383	259,052	12,705	2,217,833	0
	(ii)	0	0	0	0	0	0	0
Craig Armstrong Assistant Secretary	(i)	224,386	38,491	0	26,854	26,411	316,142	0
	(ii)	0	0	0	0	0	0	0
Ron L Saxton Executive VP/Asst Secretary	(i)	566,509	254,929	8,849	130,190	25,293	985,770	0
	(ii)	0	0	0	0	0	0	0
Carol Aaron Executive VP	(i)	635,298	442,357	24,165	25,865	20,388	1,148,073	155,923
	(ii)	0	0	0	0	0	0	0
Richard DeCarlo Executive VP	(i)	800,010	360,004	9,852	2,442	28,121	1,200,429	0
	(ii)	0	0	0	0	0	0	0
Michael P Dwyer Executive VP	(i)	489,258	220,166	11,163	121,998	11,901	854,486	0
	(ii)	0	0	0	0	0	0	0
Steven Glenn Executive VP	(i)	349,328	121,321	12,978	31,539	4,039	519,205	0
	(ii)	0	0	0	0	0	0	0
Kimberly A Hodgkinson Executive VP	(i)	610,001	274,501	5,158	134,205	26,482	1,050,347	0
	(ii)	0	0	0	0	0	0	0
Susan Bruechner Senior VP	(i)	384,268	151,597	6,462	26,001	20,133	588,461	0
	(ii)	0	0	0	0	0	0	0
Mark B Hallet Senior VP	(i)	306,739	90,308	70,530	0	11,821	479,398	0
	(ii)	0	0	0	0	0	0	0
Dianna L Kielian Senior VP	(i)	350,002	118,557	35,270	299	18,215	522,343	0
	(ii)	0	0	0	0	0	0	0
Victoria L King Senior VP	(i)	406,431	161,623	9,509	130,057	21,792	729,412	0
	(ii)	0	0	0	0	0	0	0
William R Weider Senior VP	(i)	339,226	51,087	41,653	-1,124	18,588	449,430	0
	(ii)	0	0	0	0	0	0	0
Sean Gregory Chief Executive Columbia	(i)	614,604	232,526	0	2,394	28,001	877,525	0
	(ii)	0	0	0	0	0	0	0
Mary E Kingston Chief Executive Oregon	(i)	272,597	62,500	52,248	-379	9,670	396,636	0
	(ii)	0	0	0	0	0	0	0
Michael C Metcalf Chief Executive PHMG	(i)	420,973	219,313	3,366	86,647	20,182	750,481	0
	(ii)	0	0	0	0	0	0	0
Rand J O'Leary Chief Executive Oregon	(i)	159,977	395,045	339,353	142,946	8,580	1,045,901	246,745
	(ii)	0	0	0	0	0	0	0
Dale J Zender Chief Executive Northwest	(i)	467,605	175,936	2,187	142,720	27,864	816,312	0
	(ii)	0	0	0	0	0	0	0
Allen Gabriel MD MD Surgery - Plastics/Reconstr	(i)	1,512,398	0	0	70,870	28,121	1,611,389	0
	(ii)	0	0	0	0	0	0	0
Yamac Gungor MD MD Cardiology	(i)	1,078,171	0	0	18,760	32,441	1,129,372	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Wen-Huan S Ho MD MD Gastroenterology	(i)	1,181,965	0	0	54,662	32,460	1,269,087	0
	(ii)	0	0	0	0	0	0	0
Stephen A Malone MD MD Cardiology	(i)	891,246	119,424	5,710	62,395	28,070	1,106,845	119,424
	(ii)	0	0	0	0	0	0	0
David Saenger MD MD Cardiology	(i)	1,086,010	0	0	64,295	29,121	1,179,426	0
	(ii)	0	0	0	0	0	0	0
Beth O'Brien Former Chief Operating Officer	(i)	0	0	289,200	0	0	289,200	0
	(ii)	0	0	0	0	0	0	0
Dan A Hein Former Senior VP	(i)	0	73,039	386,069	0	0	459,108	73,039
	(ii)	0	0	0	0	0	0	0
Renato V Baciarelli Former Senior VP	(i)	0	96,592	543,712	1,778	0	642,082	96,592
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
91-0939479

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WA HEALTHCARE FACILITIES AUTHORITY	93-6001787	68608JPE5	08-11-2011	150,000,000	REFUND WHCFA 2005 BONDS ISSUED '10		X		X		X
B OR FACILITIES AUTHORITY	91-1108929	NONEAVAIL	02-27-2013	53,464,898	REFUND WHCFA 2008A ISSUED 11/2008		X		X		X
C OR FACILITIES AUTHORITY	91-1108929	NONEAVAIL	03-18-2014	44,678,262	REFUND WHCFA 1999 ISSUED 03/1999		X		X		X
D OR FACILITIES AUTHORITY	93-6001787	68608JSB8	03-18-2014	71,088,211	REFUND OFA08A&B '08, HHECFA '98		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	75,000,000		3,400,000		3,520,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	150,000,000		53,464,898		44,678,262		71,088,211	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		873,262		1,019,562	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	150,000,000		53,464,898		43,805,000		70,068,649	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2013		2014		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.010 %		0.010 %		0.010 %		0.010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0.010 %		0.010 %		0.010 %		0.010 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-mediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3A AND 4:	PERCENTAGE OF BOND FINANCED PROPERTY USED IN PRIVATE BUSINESS: A DE MINIMIS AMOUNT OF PRIVATE USE OCCURS. THE PUBLIC AUTHORITY'S BOND COUNSEL HAS REVIEWED AND APPROVED OF PEACEHEALTH'S CONTRACTS AND COMPLIANCE WITH REGARD TO THE PRIVATE BUSINESS USE OF BOND FINANCED PROPERTY.

Return Reference	Explanation
SCHEDULE K, PART III, LINES 8A, 8B AND 8C:	DISPOSITION OF BOND-FINANCED PROPERTY: IN THE ORDINARY COURSE OF BUSINESS, PEACEHEALTH ROUTINELY DISPOSES OF PROPERTY. DISPOSALS ARE GENERALLY DUE TO EQUIPMENT OBSOLESCENCE OR A TRADE IN ON NEW EQUIPMENT. IN A DISPOSAL WHERE CASH PROCEEDS ARE RECEIVED, THE PROCEEDS ARE EITHER: 1) REINVESTED IN QUALIFIED ASSETS AT A LOCATION COVERED BY A TEFRA NOTICE (TAX EQUITY AND FISCAL RESPONSIBILITY ACT OF 1982), OR 2) BONDS ARE CALLED AND REDEEMED WITH THE PROCEEDS.

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
91-0939479

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	Defeased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A OR FACILITIES AUTHORITY 2018 A	93-6001787	68608JXD8	10-31-2018	45,975,000	REFUND OFA 2008 A-B		X		X		X
B OR FACILITIES AUTHORITY 2018 B	91-6001787	68608JXF3	10-31-2018	100,000,000	REFUND OFA 2008 A-B		X		X		X
C OR FACILITIES AUTHORITY 2018 C	91-6001787	NONEAVAIL	12-03-2018	75,000,000	REFUND OFA 2011 A		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		0		0					
2	Amount of bonds legally defeased	0		0		0					
3	Total proceeds of issue	45,975,000		100,000,000		75,000,000					
4	Gross proceeds in reserve funds	0		0		0					
5	Capitalized interest from proceeds	0		0		0					
6	Proceeds in refunding escrows	0		0		0					
7	Issuance costs from proceeds	0		0		0					
8	Credit enhancement from proceeds	0		0		0					
9	Working capital expenditures from proceeds	0		0		0					
10	Capital expenditures from proceeds	45,975,000		100,000,000		75,000,000					
11	Other spent proceeds	0		0		0					
12	Other unspent proceeds	0		0		0					
13	Year of substantial completion										
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.010 %		0.010 %		0.010 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0.010 %		0.010 %		0.010 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?								

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization
PEACEHEALTH

Employer identification number

91-0939479

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	<p>CHARITY CARE AND COMMUNITY BENEFITS: PEACEHEALTH PROVIDES FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO PAY FOR SERVICE. FINANCIAL ASSISTANCE PATIENTS RECEIVE CARE AT REDUCED COST OR NO CHARGE WHEN IT IS DETERMINED THAT PAYMENT CANNOT BE OBTAINED THROUGH INSURANCE, OUTSIDE AGENCIES, OR PRIVATE MEANS. PEACEHEALTH OFFERS INFORMATION ON AVAILABLE ASSISTANCE PRIOR TO ADMISSION, FINANCIAL ASSISTANCE IS ALSO AVAILABLE POST-CARE THROUGH FINANCIAL COUNSELING OTHER COMMUNITY BENEFIT COSTS INCLUDE THE UNREIMBURSED COST OF MEDICAID AND GOVERNMENT PROGRAMS, HEALTH EDUCATION, AND COMMUNITY HEALTH IMPROVEMENT INITIATIVES. NET COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING ACTIVITIES FOR TAX YEAR 2018 WAS \$278,431,536 AS INDICATED ON THE SCHEDULE H IN PART I, LINE 7K COLUMN (E) AND PART II, LINE 10 COLUMN (E).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6:	PEACEHEALTH NETWORKS (EIN: 91-1230425) IS THE SOLE CORPORATE MEMBER OF PEACEHEALTH. PEACEHEALTH NETWORKS IS A 501(C)(3) ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11:	THE ORGANIZATION'S ACCOUNTING DEPARTMENT WORKS CLOSELY WITH THE OUTSIDE ACCCOUNTING FIRM I T ENGAGES (KPMG) TO PREPARE AND REVIEW THE RETURN. THE EVP, CFO AND LEGAL DEPARTMENT REVIE W A DRAFT OF THE FORM 990 AND PROVIDE COMMENTS. THE FINAL DRAFT IS MADE AVAILABLE TO THE B OARD OF DIRECTORS PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	<p>PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE , AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL BOARD MEMBERS. BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. OFFICERS AND ANY KEY EMPLOYEES OF PEACEHEALTH MUST AGREE TO THE CONFLICT OF INTEREST POLICY AT THE TIME OF THEIR HIRE. THE CONFLICT OF INTEREST POLICY IS DISCUSSED WITH THE EMPLOYEE AT THEIR ANNUAL PERFORMANCE MEETING AND THE EMPLOYEE MUST SELF-DISCLOSE ANY CONFLICTS AT THIS TIME. HOWEVER, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO CONTINUALLY CONSIDER CONFLICT OF INTEREST PRECEPTS AND SELF-DISCLOSE ANY POTENTIAL CONFLICT AT THE TIME IT ARISES. SHOULD A POTENTIAL CONFLICT OF INTEREST ARISE, THE BOARD MEMBER HAVING A POTENTIAL CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN DISCUSSIONS, USE PERSONAL INFLUENCE OR VOTE ON THE MATTER IN QUESTION. THE CONFLICT OF INTEREST STATEMENTS AND CORRESPONDING POLICIES ARE MONITORED AND DECISIONS ON CONFLICTS ARE MADE BY THE PEACEHEALTH BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15:	<p>THE INDEPENDENT CHAIR OF THE PEACEHEALTH BOARD OF DIRECTORS REVIEWS AND RECOMMENDS, IN PARTNERSHIP WITH REPRESENTATIVES OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS, THE COMPENSATION OF PEACEHEALTH'S PRESIDENT/CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS HAS ULTIMATE APPROVAL AUTHORITY FOR THE COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER. FURTHERMORE, THE INDEPENDENT COMPENSATION CONSULTANT, WITH SUPPORT FROM MEMBERS OF THE HUMAN RESOURCES DEPARTMENT, DETERMINES COMPARABILITY DATA ACROSS VARIOUS INDUSTRY AND APPLICABLE FOR-PROFIT/NOT-FOR-PROFIT ORGANIZATIONS FOR PERIODICALLY INFORMING THE GOVERNANCE COMMITTEE OF THE BOARD ON THE MARKET COMPETITIVENESS OF THE PAY FOR PEACEHEALTH EXECUTIVES. DISCUSSIONS AND DECISIONS MADE DURING THE COMMITTEE MEETINGS ARE DOCUMENTED IN MEETING MINUTES. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN SEPTEMBER 2019, AND INCLUDED THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, NETWORK CHIEF EXECUTIVES, MEDICAL GROUP CHIEF EXECUTIVE, AND OTHER SENIOR NETWORK ROLES (INCLUDING CFO, COO, CAO).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19:	ALL GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	CHANGE IN PENSION LIABILITY (15,337,322). CHANGE IN INTEREST IN RELATED FOUNDATIONS (5,769,667). OTHER CHANGES IN TEMP RESTRICTED NET ASSETS 7,090,435. OTHER CHANGES IN UNRESTRICTED NET ASSETS 5,906,129. TOTAL TO FORM 990, PART XI, LINE 9 (8,110,425).

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PEACEHEALTH

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

91-0939479

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RB AMBULATORY SURGERY CENTER 3355 RIVERBEND DR SPRINGFIELD, OR 97477 20-5575145	MEDICAL	OR	HEALTH VENTURES	RELATED	904,942	2,443,795		No	0	Yes		51.020 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUND OF PEACEHEALTH #1 1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME	WA	PEACEHEALTH	Trust	842,793	10,400,615	100.000 %	Yes	
(2) WHATCOM REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME	WA	PEACEHEALTH	Trust	192,440	3,622,777	100.000 %	Yes	
(3) LOWER COLUMBIA REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME	WA	PEACEHEALTH	Trust	92,926	1,851,540	100.000 %	Yes	
(4) OREGON REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME	WA	PEACEHEALTH	Trust	91,760	6,095,928	100.000 %	Yes	
(5) SIUSLAW REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME	WA	PEACEHEALTH	Trust	84,373	1,951,610	100.000 %	Yes	
(6) SOUTHWEST REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME	WA	PEACEHEALTH	Trust	175,802	5,192,532	100.000 %	Yes	
(7) PEACEHEALTH NETWORKS ON DEMAND LLC 1115 SE 164TH AVENUE VANCOUVER, WA 98683 83-2849989	MEDICAL CLINICS	WA	PH NETWORKS	C CORP	23,319,192	90,979,934	100.000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation
SCHEDULE R, PART IV:	SPLIT INTEREST TRUSTS DISCLOSURE PEACEHEALTH HAS FORMED SEVERAL SPLIT INTEREST TRUSTS. THE TRUSTS ARE LISTED AS POOLED INCOME FUNDS ON THE SCHEDULE R, PART IV. THESE ENTITIES ACQUIRED PROPERTY FROM PEACEHEALTH IN SALE LEASE-BACK TRANSACTIONS CREATING A CAPITAL LEASE OBLIGATION. DURING THE YEAR A SERIES OF TRANSACTIONS OCCURRED BETWEEN PEACEHEALTH AND THE SPLIT INTEREST TRUSTS INCLUDING: 1) \$1.6 MILLION IN RENT PAYMENTS FROM PEACEHEALTH TO THE SPLIT INTEREST TRUSTS, AND 2) SPLIT INTEREST TRUSTS MADE \$738,180 INTEREST PAYMENTS ON DEBT TO PEACEHEALTH. AS OF 06/30/2019, THE SPLIT INTEREST TRUSTS HAVE A LIABILITY TO THE DONORS OF CERTAIN INTERESTED PERSONS AND OTHERS ENGAGED IN TRANSACTIONS WITH THE SPLIT INTEREST TRUSTS. DURING THE CURRENT FISCAL YEAR THESE INDIVIDUALS CONTRIBUTED NO MONEY TO THE SPLIT INTEREST TRUSTS. THE SPLIT INTEREST TRUSTS PAID IN AGGREGATE TO THESE INDIVIDUALS \$111,673. UPON THE DEATH OF THE INDIVIDUAL, AND OR THEIR SUCCESSOR, THEIR OWNERSHIP INTERESTS IN THESE SPLIT INTEREST TRUSTS WILL REVERT BACK TO PEACEHEALTH.

Additional Data

Software ID:
Software Version:
EIN: 91-0939479
Name: PEACEHEALTH

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1350776	HEALTHCARE JV	WA	501(C)(3)	12A, I	PEACEHEALTH	Yes	
1115 SE 164TH AVENUE VANCOUVER, WA 98683 91-1230425	SUPPORT	WA	501(C)(3)	12B,II	NA		No
PO BOX 1600 VANCOUVER, WA 98668 91-1231436	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	
3100 TONGASS AVENUE KETCHIKAN, AK 99901 65-1225184	FUNDRAISING	AK	501(C)(3)	7	PEACEHEALTH	Yes	
1515 VILLAGE DRIVE COTTAGE GROVE, OR 97424 93-0688381	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
400 NINTH STREET FLORENCE, OR 97439 93-1084126	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
PO BOX 10905 EUGENE, OR 97440 93-6026548	FUNDRAISING	OR	501(C)(3)	7	PEACEHEALTH	Yes	
1615 DELAWARE ST PO BOX 3002 LONGVIEW, WA 98632 91-1538852	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	
2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225 72-1545902	FUNDRAISING	WA	501(C)(3)	7	PEACEHEALTH	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) POOLED INCOME FUND OF PEACEHEALTH #1 1115 SE 164TH AVE VANCOUVER, WA 98683 27-6030191	POOLED INCOME	WA	PEACEHEALTH	Trust	842,793	10,400,615	100.000 %	Yes	
(1) WHATCOM REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6129451	POOLED INCOME	WA	PEACEHEALTH	Trust	192,440	3,622,777	100.000 %	Yes	
(2) LOWER COLUMBIA REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6157497	POOLED INCOME	WA	PEACEHEALTH	Trust	92,926	1,851,540	100.000 %	Yes	
(3) OREGON REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6180599	POOLED INCOME	WA	PEACEHEALTH	Trust	91,760	6,095,928	100.000 %	Yes	
(4) SIUSLAW REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6221760	POOLED INCOME	WA	PEACEHEALTH	Trust	84,373	1,951,610	100.000 %	Yes	
(5) SOUTHWEST REGION POOLED INCOME FUND 1115 SE 164TH AVE VANCOUVER, WA 98683 46-6168710	POOLED INCOME	WA	PEACEHEALTH	Trust	175,802	5,192,532	100.000 %	Yes	
(6) PEACEHEALTH NETWORKS ON DEMAND LLC 1115 SE 164TH AVENUE VANCOUVER, WA 98683 83-2849989	MEDICAL CLINICS	WA	PH NETWORKS	C CORP	23,319,192	90,979,934	100.000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HEALTH VENTURES	c	11,381,000	AT COST
(1)	HEALTH VENTURES	l	84,231	AT COST
(2)	PEACEHEALTH POOLED INCOME FUNDS	r	1,593,525	AT COST
(3)	PEACEHEALTH POOLED INCOME FUNDS	s	738,180	AT COST
(4)	RELATED FOUNDATIONS	c	6,935	AT COST
(5)	RELATED FOUNDATIONS	n	144,529	AT COST
(6)	RELATED FOUNDATIONS	o	2,890,707	AT COST
(7)	RELATED FOUNDATIONS	p	1,192,400	AT COST